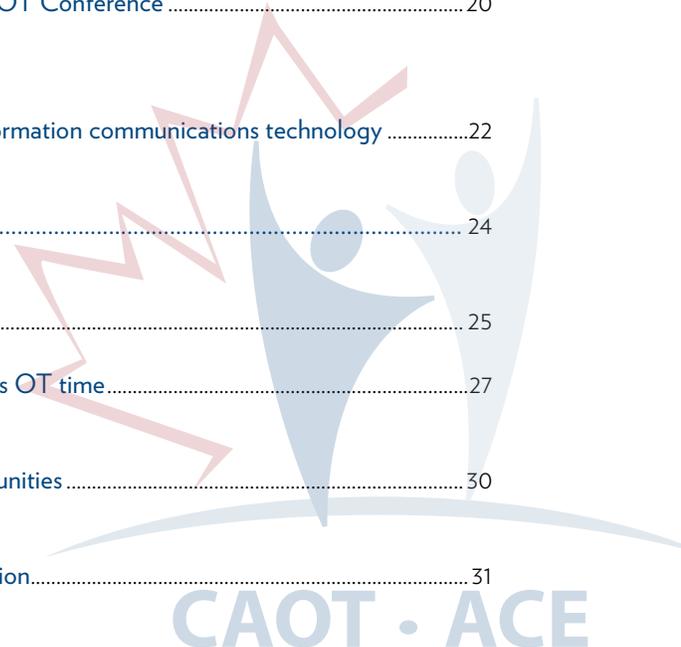


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The future is here: Leading solutions

Recapping the 2013 Canadian Association of Occupational Therapists Conference

Nicolas McCarthy, CAOT Communications Officer

DAY ONE: MAY 29, 2013

Welcome to Victoria, British Columbia. It is with great joy that we welcome 651 delegates to this year's Canadian Association of Occupational Therapists (CAOT) Conference! Caroline Ehmann and Susan Gmitroski are this year's co-conveners. This year our conference will highlight occupational therapists' roles as leaders in enabling occupation. We are all here together to embrace our conference theme: "The future is here: Leading solutions."

Conference 2013's opening ceremonies features a traditional performance from the Esquimalt Dancers, Highland dancers and a modern performance piece titled Outspoken.

Paulette Guitard, CAOT President, welcomes everyone to the conference and thanks the small army of people working together to make it happen. Thank you to the local host committee, CAOT staff, and all the volunteers for your hard work in the years and months leading up to this day.

Paulette Guitard highlights **two very important anniversaries:** the Canadian Occupational Therapy Foundation (COTF) is celebrating its 30th anniversary and the British Columbia branch of CAOT (CAOT-BC) is celebrating its first anniversary.

Julie tweets: Thank you for giving us real-time updates. I feel so informed and included. Wish I could be there! #caotC2013

Dr. Brian Little's keynote speech draws on three decades of research within the field of psychology to discuss how personality and occupation are central to human flourishing. To read more about Dr. Little's work, see page 8.

Allison retweets: Huge thank you to Dr. Little for cracking us up, while delivering an informative and heart-felt presentation #caotC2013



Augie Thomas Jr., one of the Esquimalt Dancers, performs during the opening ceremonies

DAY TWO: MAY 30, 2013

CAOT members join President Paulette Guitard, the CAOT Board of Directors and CAOT staff for the **Breakfast with the President.** This meeting allows members the opportunity to come together and discuss emerging issues, identify areas of concerns and give a voice to opportunities for collaboration and collective actions for the Association and the profession.



Heather Gillespie speaks during the Breakfast with the President.

DAY TWO: MAY 30, 2013



Crystal Dieleman facilitates the Professional Issue Forum, Occupational therapy and criminal justice.

The Canadian Society of Occupational Scientists (CSOS) co-hosts a full day **occupational science stream**, which brings together occupational scientists and occupational therapists interested in the construct of occupation to discuss current realities and future possibilities in occupational science and the interrelationship between occupational science and occupational therapy.

The Fairmont Empress Hotel is the scenic backdrop of the annual **social event**, with this year's theme, "A Knight with Royalty." Master of ceremonies, Mark Blanford, sports his suit of armor and sets the stage for a wonderful evening, including a visit from 'Queen Elizabeth,' embodied by entertainer, Laughing Liz.

Entertainment and delicious cuisine are not the only focal point of the night; **COTF holds its annual live auction**. Attendees bid on items like the musical spoons previously owned by Isobel Robinson, beautiful art and pottery, iPads and the ever popular zebra hat and handbag. In total, COTF raises \$6000 at the live auction! For more about COTF's activities at Conference, see page 31.

Kelly tweets: Paulette Guitard speaks of the need of collaboration between all OT associations. I wish I could have been there to hear.



Conference delegates bid on items in the COTF silent auction.

Jenna tweets: 'Adolescents, anxiety & occupational performance' with Michelle Horkoff & Gayle Restall - standing room only!



Laughing Liz has everyone in stitches at the social event.

CAOT_ACE tweets: Queen bestows titles Princess Giovanna (Boniface), Dame (Paulette) Guitard and the Great High Queen of Functional Anatomy (Archie Cooper) #aceC2013#caotC2013



Members of the Conference Host Committee could be identified by their fabulous fascinators.

DAY THREE: MAY 31, 2013

At the **Canadian Journal of Occupational Therapy breakfast**, hosted by SAGE Publications, authors and reviewers had an opportunity to discuss future opportunities for the journal with editor-in-chief, Helene Polatajko.

Muriel Driver lecturer, Dr. Marcia Finlayson, provides a thought provoking exploration of the importance of embracing the change agent role within our profession. Marcia provides us with an overview of our literature and examples from other disciplines' literature, while asking us to ponder how we can be an effective change agent every day.



Dr. Marcia Finlayson delivers her Muriel Driver Lecture on the occupational therapy role of change agent.

Bill tweets: Wise words! I know I have taken some windy roads in my quest to be a change agent in OT. It was worth it, though. #caotc2013

DAY THREE: MAY 31, 2013

Huguette Picard receives the Karen Goldenberg Award.



Sarabjeet Charchun is awarded the CAOT-BC Outstanding Occupational Therapist of the Year Award.



Paulette Guitard leads the **CAOT Awards Ceremony**. We are very proud of the winners' accomplishments! Juliette Cooper, president of COTF, also presents awards and scholarships. The final COTF award is given to a person who has demonstrated a high level of commitment, consistency and reliability in the assumption of voluntary responsibilities for COTF; this year's recipient of the Karen Goldenberg Award is Huguette Picard. For a list of all award recipients, see page 25.

The final award of the day was the Muriel Driver Memorial Lectureship, the most prestigious award presented by CAOT. Paulette Guitard announces with great pleasure that Dr. Claire-Jehanne Dubouloz is the 2013 recipient! She will present her lecture next year at the 2014 CAOT Conference.

The sold out **Pickle Pub Crawl** introduces delegates to some of Victoria's best local pubs, using inner harbour ferries for transportation!

DAY FOUR: JUNE 1, 2013

This year's **plenary session**, Innovative Leadership in Practice, Policy and Research: Driving the Field of Occupational Therapy Forward, is co-hosted by Brenda Vrkljan and Isabelle Gélinas with panelists Dr. Malcolm Man-Son-Hing and Lisa Kristalovich. They discuss what it takes to be a leader and create change at many levels, from working with individual clients to broader policies. For more about the plenary, see page 18.

Sarah Smith of Groove Connections leads delegates in **dance therapy**, which she used while working with disenfranchised women in Africa. The therapy provides an avenue for stress relief, and a return to the key occupation of play. Everyone enjoys this event with delicious ice-cream treats in their hands.

At the **closing ceremony**, Paulette Guitard addresses the delegates and encourages occupational therapists and occupational scientists to reflect on the role of leadership in their day-to-day professional lives. For a summary of Dr. Guitard's address, see page 27.

CAOT_ACE: Conference 2013 is over! Thank you for joining us in Victoria #caotC2013

Kelly tweets: Embrace the leader you are #caotC2013 Working on it! Expanding knowledge and growing my xp (experience) to continue to and be able to lead.



Delegates 'groove' during the afternoon break on Saturday.

Amanda retweets: Let's work together to make Occupational Therapy a household word.

The 2013 Conference Host Committee closes Conference with the **tradition of passing the conference suitcase** to the 2014 Host Committee from Fredericton, New Brunswick.



Delegates listen to poster presentations and network in the exhibit hall.

Note: We are so proud of the support we received on social media during the conference and are sorry we could not include all comments sent to #aceC2013 and #caotC2013.

What's new



2014 Occupational Therapy Now Calls for Papers

March 2014 theme issue: Creative Occupational Solutions for Today's Occupational Challenges
Submission deadline: October 15, 2013.

Articles in this issue may answer:

- How are occupational therapists enacting visions of possibility for a fair and inclusive Canada?
- How are occupational therapists working to structure society and daily life to be more inclusive?
- What lesser known occupational therapy solutions do you employ in your practice?
- Are there innovative occupational therapy practice settings you would like to share? Anywhere from corporations and scientific teams to your local support group or grocery store, doctor's office, wellness centre, online coaching, etc.

September 2014 theme issue: Occupational Therapy and Universal Design
Submission deadline: April 1, 2014.

To view the full Calls for Papers, go to: www.caot.ca > Professional Development > Periodicals and Publications > Occupational Therapy Now

Canadian Journal of Occupational Therapy news

CAOT members can now sign up for *Canadian Journal of Occupational Therapy (CJOT)* email alerts to receive electronic tables of contents for new issues, journal announcements and notifications of 'OnlineFirst' articles (completed articles awaiting publication in an upcoming issue). Sign up for email alerts at *CJOT's* new website: <http://cjo.sagepub.com/>



CAOT-BC news

Do you want to keep up to date with occupational therapy practice in British Columbia? Subscribe to the CAOT-BC blog at: <http://caot-bc.blogspot.ca> Registration is free for all CAOT members.

2014 CAOT Conference news

All abstract submissions for the 2014 CAOT Conference are due October 1, 2013. There is no longer a separate date for student submissions.

New for 2014: Knowledge Translation Café - We have taken ideas from knowledge translation (KT), scientific cafés and, yes, even speed dating, to facilitate the communication of 'game-changing' knowledge on topics related to children and youth at next year's conference. Presenters will share knowledge with rotating groups of participants, allowing time for discussion with each group. The value of this approach is to facilitate dialogue with potential knowledge users of your research.

For more information about how to submit an abstract for the KT Café, go to: www.caot.ca > Professional Development > CAOT Annual Conferences

2013 Conference sessions available online

Many sessions from this year's CAOT Conference were recorded and are available online for purchase at: <http://caot.sclivelearningcenter.com/index.aspx?PID=7066>

Enabling the WORKability of Canadians

The Canadian Association of Occupational Therapists (CAOT) is honoured to have a dedicated column in *WORK: A Journal of Prevention, Assessment & Rehabilitation*. In this column, CAOT invites occupational therapists to share their experiences on enabling the workability of Canadian citizens. Through this international exchange of ideas we hope that readers will gain further insights into the complexity of work practice. Contact Rosemary Lysaght for details: lysaght@queensu.ca

Your opinion on a CAOT project

CAOT will be involved in the Canadian chapter of CarFit. CarFit offers older adults the opportunity to check the 'fit' of their vehicles for their personal needs. For more information, go to: <http://www.car-fit.org/>

CAOT would like to know if you would engage in the CarFit program as a volunteer technician or site coordinator. Please follow this link to offer your opinions before August 31: <http://fluidsurveys.com/surveys/caot-s/canadian-chapter-of-carfit/>

A new CAOT tool to enable occupational therapists

Julie Lapointe, Janet Craik, Claudia von Zweck and Sue Baptiste

At the 2013 CAOT Conference in Victoria, BC, an update of the current actions that have been undertaken in the development of a new CAOT tool were presented. The overall vision is to provide a tool for members to promote excellence in occupational therapy practice.

In a short article last year in *OT Now*, CAOT had presented an outline of the strategic plan for the sustainability of national occupational therapy guidelines (Craik & von Zweck, 2012). This plan included the following actions: deliver future guidelines developed in consultation and collaboration with end-users and other stakeholders, offer a global overview of how all the existing reference documents fit together, and explore the use of e-learning technologies and info-mapping to make the guidelines user-friendly. Upon further review, CAOT thought of another goal: to provide occupational therapists with a guide or a tool for professional and personal development to assist them in achieving excellence and leading a fulfilling career. This future CAOT tool will support and advance excellence of practice for occupational therapists.

The collaborative development of such a tool is a long undertaking. The major phases include: 1) the development of the structure, 2) the development of the interactive platform with the links to relevant CAOT documents and 3) the pilot testing of the tool.

Currently, CAOT is still working on the development of the structure of the tool (phase 1). A preliminary structure was developed based on core constructs of our enablement of occupation and the dynamic interactions between the person, the occupation and the environment (Figure 1). The core of the tool is to enable members in their occupational therapy practice (enabling occupational therapists to do occupational therapy). The *person* refers to the occupational therapist and his or her important career goals, aspirations, roles, and contributions. The *occupation* refers to the enablement of occupation using an evidence-informed and client-centered practice. Important questions related to this aspect could be to identify who are the clients, what are the occupational issues, and what services could be offered. Finally, the branch of the *environment* refers to the practice context. The practice context comprises the entire mosaic of practice areas and types of employment within and beyond health services.

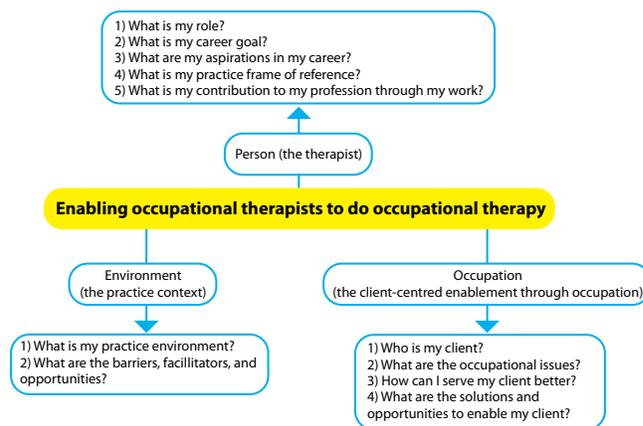


Figure 1. Possible structure of the tool.

At this point we want to further develop the structure of the tool in consultation and collaboration with CAOT members using information derived from experiences with career transitions and reflection on practice. Attendees to our conference presentation were asked to consider or reflect upon experiences, such as a career transition, that triggered them to reflect on their practice. They were asked to think of situations that triggered them to consider, how can I best perform as an occupational therapist, or am I serving my client optimally? They were also invited to provide us with concrete examples of resources to support them in this process and in the finding of solutions or answers to these reflective questions.

We invite participants and members at large to share ideas, experiences and pearls of wisdom on ways to support or promote excellence in occupational therapy practice. From June 1 to September 31, 2013, you can complete a short survey: <http://fluidsurveys.com/surveys/caot-s/the-future-caot-guidelines/> We look forward to hearing from you!

Reference

Craik, J., & von Zweck, C. (2012). CAOT's strategic plan for the sustainability of national occupational therapy guidelines. *Occupational Therapy Now*, 14(4), 7.

About the authors

Julie Lapointe is the CAOT Research Analyst, Janet Craik is the CAOT Director of Professional Practice, Claudia von Zweck is the CAOT Executive Director, and Sue Baptiste is a CAOT Past President and professor in the School of Rehabilitation Science at McMaster University. For more information, contact Janet Craik at: practice@caot.ca

2013 CAOT Conference keynote speaker

Personality and occupation reconsidered: Personal projects, free traits and human flourishing

Brian R. Little, Ph.D., C.Psychol., FBPsS, Department of Psychology, Cambridge University

The first psychology course I taught was to students of Dorset House School of Occupational Therapy in Oxford almost half a century ago. They instructed me well, fed me cakes and tea, and I have had a close relationship with occupational therapists ever since. My keynote presentation at the 2013 CAOT Conference gave me a chance to tell my occupational therapist colleagues about what we now know about their clients' personalities as well as their own.

We can differentiate between three aspects of our human natures. 'First natures' are the relatively fixed traits of personality that have a substantial hereditary component. These include: openness to experience, conscientiousness, extraversion, agreeableness and neuroticism. These traits provide considerable information relevant to occupational therapy practice. For example, extraverts have chronically low levels of neocortical arousal so need relatively high levels of stimulation in order to perform optimally. Introverts are chronically high in neocortical arousal, therefore requiring a less stimulating environment in which to achieve optimal performance. The implications for occupational therapy practice are considerable. For example, extraverts learn new treatment regimens best if they are engaged and excited; introverts need a sense of structure and a slower pace of instruction.

'Second natures' are codes of conduct specified by our cultures and they, too, influence our behavior in important ways. For example, some cultures place a premium on extraverted conduct, others on more introverted conduct. When interacting with others, cultural extraverts stand close, touch much and gaze intensely. Their introverted counterparts do the opposite. Interactions between members of the two groups can be challenging, awkward (and hilarious).

'Third natures' arise from the personal projects that people enact in everyday life. My colleagues and I have shown that human flourishing depends on the sustainable pursuit of core projects. Personal Projects Analysis (PPA) allows us to plot how meaningful and manageable a person's projects are, how supported they are, and the different emotions they generate. Occupational therapists find it particularly congenial because the notion of a personal project is very similar to the concept of occupation. PPA is useful for assessing the impact of a rehabilitation regimen on daily pursuits and in identifying which core projects need to be preserved in order to sustain well-being.

My colleagues and students have also explored what we call 'free traits,' which provide a bridge between our triple natures. Free traits involve a person adopting a trait that is opposite to his

or her biogenic nature in order to advance a core project about which he or she cares. For example, a biogenically introverted mother at a birthday party acts as an extravert for the afternoon, or a somewhat anxious occupational therapist bears down and appears outwardly calm with a demanding client. We engage in free traits for many reasons. We do it out of professionalism. We do it out of love. But we need to take care that we don't burn out from protractedly acting out of character. We need what I call 'restorative niches' in which we can regain our first natures after engaging in free trait behavior. I let the attendees at the conference know my own restorative niche, my secret hiding place. After acting as a pseudo-extravert for an hour giving the keynote I needed to find a quiet place in which I could return to my own biogenically introverted nature. Of course this is a secret place so you will have to ask one of the attendees at my keynote to find out where to track me down! As for occupational therapists, I know from family experience how valuable you can be in helping us reformulate and reconsider our personal projects. So remember to take care of yourselves as well as your clients. Pursue your core projects, find restoration and flourish.

Editor's note:

Dr. Little's keynote address was based on content from his book:

Little, B. R., Salmela-Aro, K., & Phillips, S. D. (Eds.). (2007). *Personal project pursuit: Goals, action and human flourishing*. Mahwah, NJ: Lawrence Erlbaum Associates.

CAOT Professional Issue Forum

Occupational therapy and criminal justice

Crystal Dieleman and Elizabeth Steggles

Professional Issues Forums (PIFs) are held annually at the CAOT Conference. PIFs address priority health and social issues and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts in the field and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession's presence in these areas.

The number of people with mental health problems entering the criminal justice system has been increasing, and the prevalence of mental illness in prisons is significantly higher than the general population (Diamond, Wang, Holzer III, Thomas, & Crusier, 2001; Elizabeth Fry Society of Mainland Nova Scotia, 2005; Sampson, Gascon, Glen, Louie, & Rosenfeldt, 2007; World Health Organization, 2008). Mental health care in Canadian jails and prisons is insufficient and many offenders with mental health concerns are moved into correctional segregation for protection due to their inability to cope with regular prison settings (Sampson et al., 2007). Individuals being released from correctional institutions find themselves being 'bumped' or 'overlooked' by community mental health services (Brown, 2004; Hatcher, 2010). With the available research evidence showing the effectiveness of services for people with mental health problems, and improved mental health reducing involvement with the criminal justice system, "the issue is not whether effective treatment exists but whether it is consistently available to the people who need it, and whether or not these individuals continuously avail themselves of treatment" (Wolff, 2005, p. 54).

Occupational therapists offer a unique contribution in supporting individuals through criminal justice processes. This Professional Issue Forum (PIF) addressed issues related to the occupational needs of individuals with criminal justice involvement and the role of occupational therapy in the criminal justice system.

Who was involved?

The PIF on occupational therapy and criminal justice was organized and facilitated by Crystal Dieleman (Dalhousie University) and Elizabeth Steggles (CAOT). Seventy-four conference delegates participated in the forum, attending the panel presentations and participating in the round table discussions.

Panelists – Shawn Bayes (Elizabeth Fry Society of Greater Vancouver), Dr. Patrick Baillie (Alberta Health District/Calgary

Police Service), Michael Ivany (North Bay Regional Health Service), and Crystal Dieleman (Dalhousie University) – made presentations to provide context to the round table discussions. Occupational therapy students from the University of Ottawa and MacMaster University recorded field notes throughout the presentations and round table discussions.

What was presented?

Gender differences in the everyday health and occupational needs of people involved with the criminal justice system were highlighted by Shawn Bayes. While both men and women experience complex lives, including a history of physical or psychological abuse, substance abuse, low education and poor employment, relative to men, women generally experience these things to a greater degree. Due to the slighter physical stature of women, they suffer greater physiological consequences from substance abuse, including heart and lung damage, joint pain and impaired cognition. Women also have less opportunity to benefit from correctional programs and services due to shorter criminal sentences.

Dr. Baillie discussed how Canada's courts and correctional facilities are rapidly becoming the largest mental health providers in the country. However, courts and correctional facilities often lack sufficient resources to address the mental health needs of both men and women. The introduction of bills C-10 and C-54 is likely to increase the number of incarcerated people with mental health problems, with reduced access to supports and services that will enable their recovery and community reintegration.

Michael Ivany acknowledged that occupational therapists often struggle to provide services within criminal justice settings, but recognized the potential to merge the dual mandates of care and custody. Psychosocial rehabilitation and recovery-oriented approaches can be implemented through careful consideration of risk and clear documentation of clinical reasoning.

Crystal Dieleman stated that sharing evidence regarding the occupational needs of individuals, as well as the health and social benefits of occupational therapy interventions, has the potential to increase availability and access to occupational therapy services. There is a need for occupational therapists to embrace the role of clinician-researcher. Building collaborative partnerships with like-minded colleagues will enable the development of evidence specific to occupational therapy and criminal justice.

What was discussed at the round tables?

Three questions were used to generate discussion at the round tables: 1) What are the possible ways occupational therapists can meet the needs of people with criminal justice involvement? 2) How should occupational therapy be promoted to achieve best outcomes for people with criminal justice involvement? 3) What actions/tools are needed to build capacity for occupational therapists to address criminal justice concerns in Canada?

The primary need that participants identified to build capacity in this area of practice is clarifying the role of occupational therapy. Beyond providing mental health care, the role was identified to include preventing criminal justice involvement by addressing social determinants of health, addressing physical health effects of substance abuse and other lifestyle factors that significantly impact participation in aspects of life, and bringing about social change that enables full participation of people with criminal justice involvement.

It is important to demonstrate the need for occupational therapy positions across the continuum of services. How can we educate and advocate with community services that list criminal justice involvement as an exclusion criterion, thereby limiting access to services and supports necessary for successfully living in the community? As a collective, occupational therapists could participate more fully with our professional associations to build the profile of criminal justice work within the profession, and to make use of our associations' skills and resources in advocating and lobbying for the profession among legislative and decision-making bodies.

Introducing the benefits of occupational therapy to potential employers can be done through volunteer work, role-emerging student placements, and participation on cross-sector committees and community boards. Occupational information needs to be shared broadly with interdisciplinary teams who support and enable our daily work, administrators and decision makers who determine availability and access to services, and with a broad range of colleagues through publications in interdisciplinary journals. Finding allies among like-minded colleagues in other professions will build support for the unique contributions of occupational therapy.

Partnerships between practitioners and researchers are necessary to build the evidence base specific to occupational therapy and criminal justice. The limited existing evidence base prompts consideration of how we measure outcomes. Being strategic in evaluating our services will provide the best evidence for advocating for the profession. Mentorship for occupational therapists entering criminal justice work will enable strategic collection of occupational outcomes, facilitate workforce retention, and reduce professional isolation.

Additionally, addressing media coverage of mental health issues, particularly their intersection with criminal activity,

is a critical component for enabling availability and access to occupational therapy services. There is a critical role for occupational therapists to inform, educate, and advocate with media providers to break down the dual stigma of being both 'mad and bad.'

Next steps

As a result of partnerships built during the forum, there will be discussions with the Elizabeth Fry Society and St. Leonard's Society regarding opportunities for occupational therapy involvement in non-governmental organizations that support people with criminal justice involvement, particularly in halfway houses. Discussions will also begin with Brazil's occupational therapy association regarding the role of occupational therapy in prisons to understand commonalities and differences in cultural context.

Background information and the field notes recorded by students will be included in a full report on the forum for presentation to the CAOT Board of Directors. A detailed summary of the forum will provide the basis for recommendations regarding a potential role for CAOT in building and supporting occupational therapy's role in criminal justice. The report will recommend directions for CAOT in advocacy and lobby activities, propose types of initiatives relevant to the current Canadian context, and seek support to move initiatives forward.

References

- Brown, J. (2004). Challenges facing Canadian federal offenders newly released to the community: A concept map. *Journal of Offender Rehabilitation, 39*, 19-35.
- Diamond, P., Wang, E., Holzer III, C., Thomas, C. & Crusier, A. (2001). The prevalence of mental illness in prison. *Administration and Policy in Mental Health, 29*, 21-40.
- Elizabeth Fry Society of Mainland Nova Scotia. (2005). *Women in Nova Scotia: Mental illness and the criminal justice system, a qualitative review*. Retrieved from http://www.efrynovascotia.com/pdfs/mental_health_review_2005.pdf
- Hatcher, S. (2010). Recognizing perspectives on community re-entry from offenders with mental illness: Using the Afrocentric framework and concept mapping with adult detainees. *Journal of Offender Rehabilitation, 49*, 536-550.
- Sampson, R., Gascon, S., Glen, I., Louie, C., & Rosenfeldt, S. (2007). *A roadmap to strengthening public safety: Report of the Correctional Service of Canada Review Panel*. Retrieved from <http://www.publicsafety.gc.ca/csc-scc/cscrprprt-eng.pdf>
- Wolff, N. (2005). Community reintegration of prisoners with mental illness: A social investment perspective. *International Journal of Law and Psychiatry, 28*, 43-58.
- World Health Organization. (2008). *Trencin statement on prisons and mental health*. Retrieved from http://www.euro.who.int/___data/assets/pdf_file/0006/99006/E91402.pdf

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CAOT Professional Issue Forum

Navigating third party payers: Solutions that work!

Marie-Christine Beshay, CAOT Executive Liaison, and Giovanna Boniface, CAOT-BC Managing Director

Professional Issues Forums (PIFs) are held annually at the CAOT Conference. PIFs address priority health and social issues and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts in the field and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession's presence in these areas.

With the changing and aging demographics of the Canadian population, the demands on the health-care system will increase. It is predicted that fewer publically funded services will be available to Canadians in the near future, as the health-care system will have difficulty meeting the needs of the population (Lewis, 2011). According to the Canadian Institute of Health Information (CIHI), 13,040 active occupational therapists were registered and employed in Canada in 2010, with approximately 20% receiving funding from the private sector or individual clients (CIHI, 2011). When occupational therapy services are accessed outside the public health system (i.e., hospitals or community care centers), services are paid directly by the client either through an extended health insurance plan, third party insurance, or from their own resources. The funding and cost-control mechanisms available in Canada have a powerful impact on access to occupational therapy services (Jongbloed & Wendland, 2002).

The Professional Issue Forum (PIF), Navigating third party payers: Solutions that work!, held in Victoria, BC, on Friday, May 31, 2013, explored the variances among third party payers to allow for a greater understanding of their knowledge of occupational therapy, the services that are permitted under their funding model and how members of the public and occupational therapists may access funding through their insurance models. Representatives from personal extended health insurance, workers' compensation and the auto insurance industry were among the panelists who provided insight into their funding models and inclusion of occupational therapy services. An occupational therapist and a client who had received funding from workers' compensation were also among the panelists. An occupational therapist working in private practice, Salim Janmohamed, facilitated the session. Following the panel presentation, round table discussions elicited the participation of attendees to reflect on questions that would guide future advocacy efforts of the Canadian Association of Occupational Therapists (CAOT). Fifty-three attendees participated in the round table discussions.

Panel presentations

The client and the occupational therapist

The occupational therapist, Tricia Earl, and the client, Gerry, highlighted the impact occupational therapy has had on the client's abilities to participate and engage in meaningful occupations throughout the various phases of his recovery. The client was involved in a work-related accident almost 20 years ago, which left him with a spinal cord injury and quadriplegia. Occupational therapists have been essential in enabling him to complete the activities that he needs and wants to do, ranging from self-care tasks, to productivity and more recently, leisure activities. Occupational therapists helped Gerry modify his independence with bathing, grocery shopping and even riding a bike and fishing.

Without funding from workers' compensation, Gerry stated he would not have been able to adapt to his environment and participate in meaningful occupations; most importantly, he would not have recovered physically and mentally.

Personal extended health insurer

The personal extended health insurance representative, Rob Chiarello of Pacific Blue Cross, described the available levels of insurance coverage and the services that are included as part of each level. Professions recognized by the Canada Revenue Agency (CRA), including occupational therapy, can be offered as part of health insurance plans, however, it is up to the insurance purchaser (e.g., employer, union) to decide on the services that are included in the extended health insurance plan.

The presenter identified that extended health insurers have observed a trend among employers to limit services that are offered in plans due to the need to manage costs. The high cost of prescription drugs was cited as one of the factors



Salim Janmohamed, private practice occupational therapist and facilitator for the PIF.

contributing to the reduction or even removal of other services from an extended health plan. Extended health insurers are seeing a trend of employers and individuals opting for a 'health spending account,' which allows each recipient to access all CRA recognized professions as part of their insurance coverage plan and self-determine the ones they would like to access within the allocated limits. This trend would allow recipients to have a freedom of choice and personalized coverage for their selected services.

Auto insurer

The auto insurance representative, Steven Comberbach, highlighted his ongoing relationship with occupational therapists and discussed the role of the profession in assessing clients upon discharge from hospital, in modifying clients' homes and vehicles, and in working collaboratively to assist clients to return to work. Occupational therapists are integral to the auto insurer as they focus on return to occupations, thus achieving the best possible outcomes for their shared clients.

Workers' compensation

The workers' compensation speaker was Andrew Montgomerie of WorksafeBC. The mandate of workers' compensation is to promote prevention of workplace injury and to rehabilitate those who are injured, with provision of a timely return to work. Occupational therapists are involved with workers' compensation claims, which often require assistive technology, time-sensitive assessments, as well as home and vehicle modifications. Occupational therapists are fundamental partners to workers' compensation funders since they provide services to all stakeholders, and ensure a holistic approach to clients in their facilitation and adaptation of home and work environments.

Summary of round table discussions

Attendees were asked to reflect on the actions and strategies CAOT and occupational therapists should take in relation to

the issue of third party funding. They were also asked to discuss the role third party payers should take to foster the growth of the profession. Attendees underlined the importance of advocating about the role of occupational therapists with different stakeholders including union representatives, large employers, consumers, and other professionals such as counselors and teachers. Advocacy strategies should include facts about the benefits and cost-effectiveness of occupational therapy, as well as the role of occupational therapists in key areas including chronic pain management, mental health and return to work programs. Participants suggested that fact sheets and a resource tool kit would be helpful in the advocacy process.

Next steps

The discussion and recommendations provided by attendees will inform the contents of the Professional Issue Forum report, which will be available on the CAOT website (www.caot.ca) once it has been approved by the CAOT Board of Directors. There is a real need to collaborate intra-professionally and interprofessionally to ensure occupational therapy is valued and accessible across Canada. CAOT is committed to pursue advocacy efforts with stakeholders and will explore the strategies discussed during the PIF to create targeted messages and campaigns to advance the occupational therapy profession and increase access to occupational therapy services for all Canadians.

References

- Canadian Institute for Health Information. (2011). *Occupational Therapists in Canada, 2010 – National and Jurisdictional Highlights and Profiles*. Retrieved from: http://www.cihi.ca/CIHI-ext-portal/pdf/internet/OT2010_HIGHLIGHTS_PROFILES_EN
- Jongbloed, L. & Wendland, T. (2002). The impact of reimbursement systems on occupational therapy practice in Canada and the United States of America. *Canadian Journal of Occupational Therapy*, 69(3), 143-152.
- Lewis, S. (2011). Finding a place on shifting ground: Occupational therapy in tomorrow's health system. *Occupational Therapy Now*, 13(4), 8-10.



Participants engage in a round table discussion during the PIF.



Compelling mental health practice: A sampling of occupational science and occupational therapy presentations at the 2013 CAOT Conference

Regina Casey, Christina Lamontagne and Keely Bujold

COLUMN EDITOR: REGINA CASEY

We would like to express our gratitude to *Occupational Therapy Now* for the opportunity to review some mental health presentations at the 2013 Canadian Association of Occupational Therapists (CAOT) Conference. We hope that this article provides a taste of the stellar work and emerging practices in mental health and that it is useful to occupational therapists who were unable to attend this year's conference. Below, six presentations are summarized, featuring points we found to be of particular interest. Presentations were selected for their relevance to education, practice or research in mental health. Thank you to the presenters for their permission to use their work in this way. We had much to say about several other sessions, but due to limited space could not include them all. For example, a poster by Rebecca Clapperton, Amélie Ferron, Stéphanie Levesque, Amélie Payeur, and Guillaume Rivard on boredom and nature in the occupational science stream (T56) also added to the quality of the conference. In addition, I was particularly taken with the notion of occupational community, presented by Joyce Tryssenaar (T12).

Remembering the physical in mental health: A cognitive rehabilitation curriculum (S17)

Presented by Kathy Wong (kathya.wong@vch.ca) and Kristen La Grand (kristen.lagrand@vch.ca)

Presenters Wong and La Grand identified that their cognitive curriculum is designed specifically to build a bridge between physical health and mental health aspects of recovery. These presenters referred to Thomas Insel's TED Talk (TED, 2013) where he recommends reframing our thinking from 'mental illness' toward 'brain illness' in order to take into account and treat cognitive impairments. Indeed, cognitive impairments are often described as the most predictive factor for functional outcomes of people who live with significant mental health issues (Medalia, Revheim, & Herlands, 2009; Hurford, Kalkstein, & Hurford, 2011). Cognitive remediation therapy focuses on "using scientific principles of learning with the ultimate goal of improving functional outcomes" (Cognitive Remediation Experts Working Group, 2012, cited in Medalia & Saperstein, 2013, p. 152). Wong and La Grand cited research demonstrating that cognitive remediation is most effective in improving cognition, social competence, community activities and work skills for clients with schizophrenia when combined with psychosocial rehabilitation.

Wong and La Grand described the cognitive rehabilitation

curriculum they developed, which occurs in a classroom-like group setting and is delivered over a period of eight weeks. Program topics include mindfulness, attention, memory, executive functioning, optimizing cognition and future challenges. Each session includes a review of the goal from the previous week, education on the topic of the week, stretch breaks, practical activities, healthy brain snacks and goal setting for the following week. Preliminary evaluations using a client satisfaction survey demonstrated that clients found the curriculum enjoyable and beneficial.

Exposure therapy clinical pathway (T46)

Presented by Christine Hewitt (Christine.Hewitt@AlbertaHealthServices.ca) and Rosemarie Bonnet (Rosemarie.Bonnet@AlbertaHealthServices.ca)

Identifying and articulating clinical pathways can be helpful to facilitate consistency in the delivery of evidence-based practice interventions. According to Hewitt and Bonnet, exposure therapy is an identified best practice in occupational therapy and in other allied health disciplines for the treatment of anxiety disorders. They created a clinical pathway for exposure therapy to guide practice in their community mental health rehabilitation team.

Hewitt and Bonnet pointed out that the presence of an anxiety disorder may limit a person's ability to engage in occupations and may restrict the range of environmental conditions in which they perform their occupations. For example, someone with an anxiety disorder may avoid going to the grocery store during busy shopping times. From an occupational therapy perspective, it is important to identify occupational performance issues related to anxiety, the client's related anxiety experience and their readiness to change.

The clinical pathway created by Hewitt and Bonnet articulates options and steps that can be applied during assessment, intervention, evaluation and discharge phases. The intervention plan should include: (1) education, such as biological information about anxiety and the principles underpinning exposure therapy, (2) planning of a hierarchy scale (i.e., the grading of client-centred occupational performance goals ranging from the easiest to most difficult) and (3) exposure sessions, which involve working through the graded steps identified in a negotiated treatment plan. During the discharge phase, the presenters recommended providing education on how to manage activities after setbacks (such as relapse or illness) and resources for ongoing needs.

The benefits of using this clinical pathway include increased knowledge on exposure therapy for the practitioner, increased consistency and efficiency in the provision of services, as well as providing a means to facilitate the integration of support staff into the delivery of exposure therapy.

“Gamification” of occupation: Using video game design for occupational engagement (T35)

Presented by Lauren Fox (Lauren.fox@VIHA.ca)

This presentation examined ‘gamification,’ defined by the presenter as the use of game design to engage people in meaningful occupation in their everyday lives. Fox described how games are known for their powerful ability to engage and motivate players. Many design components contribute to this, including: avatars; narrative processes; challenges or quests; and rewards. Avatars embody players’ strengths, allowing players to push the boundaries of what they think is possible and harness powerful emotions such as courage or hope, which can be transferred to a current life struggle. The narrative process that develops while engaging in a game can transform relevant difficult real-life experiences into a “hero’s journey.” Challenges or quests break down the journey into manageable steps. Rewards, such as points or badges, provide feedback on progress. These design components elicit emotions such as hope, control, autonomy, mastery or belonging.

Fox cautioned about pitfalls associated with misuse of this type of behaviourism, and advised that games should be centered around intrinsic motivation rather than focusing on material rewards. Well-designed gamification approaches (those that can be applied to daily occupations) can strengthen a person’s internal motivation by celebrating actions congruent with personal values and their progress toward meaningful goals. Fox proposed that the use of smartphones and related applications is becoming more prevalent within occupational therapy practice and suggested that this new technology has exciting and as yet untapped potential to enable occupation. For example, a game called SuperBetter (Superbetter Labs, Inc., 2012) was designed to manage the challenges of living with the results of a concussion. The game’s creator reports that the game positively impacted her resilience and she felt she became not only better or stronger but “super better” as a result.

Don’t just try harder, try smarter. Supporting behavioural change (S5)

Presented by Ron Dick and Lianne Saxon (dickr@mcmaster.ca)

This presentation explained how mindfulness, motivational interviewing, Cognitive Orientation to daily Occupational Performance (CO-OP), and behavioural activation can be used when enabling clients to achieve their goals. The presenters stated that mindfulness requires that a person be present in the moment and focus on their current goal, which helps to prevent them from becoming discouraged or distracted by past failures. Motivational interviewing (e.g., Miller & Rollnick, 2002) is a collaborative and supportive change process wherein the therapist asks questions

that gently guide the client to discover the underlying importance of their goal in the hopes that they become intrinsically motivated to achieve it. CO-OP (Polatajko & Mandich, 2004) is a problem solving approach that teaches the client to set a goal, plan and apply the steps to achieve the goal, and then check the process to evaluate its success. The therapist assists the client by asking reflective questions and coaching as needed. Finally, according to the presenters, behavioural activation, despite being an approach typically used by psychologists, embodies the spirit of occupational therapy and may be particularly useful for people who have low motivation (Dimidjian, Barrera, Martell, Munoz, & Lewinsohn, 2011). In this approach, therapists assist clients to identify and record a list of occupations they wish to achieve. Initially, the therapist assumes a coaching role with the intent being that the client will eventually become independent with setting and achieving their goals.

Irrespective of the chosen strategy to support behavioral change, Dick cautioned against the use of a ‘cheerleading’ approach with clients. He defined cheerleading as the act of encouraging the client with statements such as, “You can do it!” The presenter advised that this approach inadvertently evokes feelings of guilt or shame if the person does not achieve their goal.

Professional Issue Forum (PIF): Occupational therapy and criminal justice (T1)

Facilitated by Crystal Dieleman and Elizabeth Steggles (esteggles@caot.ca)

(A special thanks to Mike Ivany and Michael Lee for their help in developing this review.)

Individuals involved with the criminal justice system, when compared with the general population, have higher incidences of mental illness, substance abuse, unemployment, poor health outcomes, homelessness, poverty, as well as both sexual and physical abuse (White, Dieleman Grass, Ballou Hamilton, & Rogers, 2013). This PIF offered that occupational therapists have a unique role in providing services to individuals who have committed crimes and are deemed ‘not criminally responsible’ due to mental illness. As described by PIF presenters, individually tailored interventions based on psychosocial rehabilitation principles and practices with a view to ‘correction’ have several benefits: 1) help to reduce factors that contribute to recurrence of mental ill health 2) facilitate the opportunity for people to lead productive lives where participation in society is uninterrupted 3) ensure that people get the right access to the right services and 4) the risk to the public is managed.

Forum presenters confirmed that occupational therapists use their knowledge of the interactions of environmental, cultural and personal factors to address meaningful roles and activity patterns that help stabilize an individual in their life circumstances. As part of an interdisciplinary team, the occupational therapist specializes in grading the cognitive, emotional and support level of the activity for gradual and successful reintegration into a community of the person’s choice. Dieleman concluded this session by highlighting the dearth of occupational science and occupational therapy research in this area, especially in Canada.

Session participants also emphasized the occupational deprivation that offenders frequently experience. In so doing, the link to occupational justice was made explicit.

See page 9 for more information on this PIF and future actions to be taken by the PIF facilitators.

Innovation in a bariatric surgery program: Inspiration for holistic practice (F6)

Presenters: Karen Barclay and Robyn Emde
(A special thanks to Karen Barclay for her help with this review.)

Barclay noted that “despite our holistic academic preparation, many occupational therapists continue to find themselves divided by our health-care system into ‘physical’ and ‘mental health’ practice silos” (personal communication, June 3, 2013). This session outlined a new occupational therapy role in a bariatric surgery program that provides an illustrative example of the benefits that can be realized when a surgical program adopts a practice approach that prioritizes both the mental and physical health of patients. This emerging role positions the occupational therapist as the primary mental health provider who screens all patients using standardized assessments to measure depression, anxiety, self-esteem and eating behaviors. The Canadian Occupational Performance Measure (COPM) (Law et al., 2005) ensures that the treatment focus is linked to occupations and goals that are deemed most important to the patients themselves.

The occupational therapy role improved patient flow through the program by ensuring that the limited number of psychiatry appointments are prioritized for those who are most in need. Additionally, it has brought efficient and high-quality lifestyle change opportunities to patients in the form of group therapy. Interestingly, the program surgeons now recognize mental health and self-management skills as key factors in supporting their patients to consistently apply diet and exercise advice in their daily lives. Successful post-group outcomes were accompanied by overwhelmingly positive feedback from patients and team members. Barclay reported, “over the next year, a quantitative research study will investigate self-perceived occupational performance and personal factors of this population. In the meantime, the development of this new role provides inspiration for exploring other areas of health care where integration across traditional ‘practice silos’ may improve outcomes for patients” (personal communication, June 3, 2013). This session provided a successful practice example of integrating both mental and physical health needs, a guiding philosophy also present in session S17, profiled above.

Conclusion

In conclusion, the high quality, variety and relevance of the presentations made it well worth attending the conference, a tribute to the organizing committee. It was excellent to see

the inclusion of hot topic issues such as the Professional Issue Forum on occupational therapy and criminal justice. In future conferences, it would be important to include presentations on other important topics, such as policy changes within Canada and how services are influenced or not by these changes. Other beneficial sessions might consider the changing role of occupational therapy within community mental health settings (i.e., case management), investigate how to minimize the stigmatizing attitudes of practitioners (a call from the Mental Health Commission of Canada [Parliament of Canada Standing Senate Committee on Social Affairs, Science and Technology, 2006]), or address family involvement, ethics, or specific topics such as sexuality, trauma or suicide. The latter will be addressed in a 2014 Professional Issue Forum, Suicide prevention in occupational therapy.

References

- Dimidjian, S., Barrera, M. J., Martell, C., Muñoz, R. F., & Lewinsohn, P. M. (2011). The origins and current status of behavioural activation for depression. *Annual Review of Clinical Psychology*, 7, 1-38.
- Hurford, I. M., Kalkstein, S., & Hurford, M. O. (2011). Cognitive rehabilitation in schizophrenia. *Psychiatric Times*, 28(3), 43-47.
- TED (Producer). (2013). *Thomas Insel: Toward a new understanding of mental illness* [Video file]. Retrieved from: http://www.ted.com/talks/thomas_insel_toward_a_new_understanding_of_mental_illness.html
- Law, M., Baptiste, S., Anne Carswell, A., McColl, M. A., Polatajko, H., Pollock, N. (2005). *Canadian Occupational Performance Measure* (4th ed.). Ottawa, ON: CAOT Publications ACE.
- Medalia, A., Revheim, N., & Herlands, T. (2009). *Cognitive remediation for psychological disorders: Therapist guide*. New York: Oxford University Press.
- Medalia, A., & Saperstein, A. M. (2013). Does cognitive remediation for schizophrenia improve functional outcomes? *Current Opinion in Psychiatry*, 26, 151-157.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing. Preparing people for change*. (2nd ed.). New York: Guilford Press.
- Parliament of Canada Standing Senate Committee on Social Affairs, Science and Technology. (2006). *Out of the shadows at last. Transforming Mental Health, Mental Illness and Addiction Services in Canada*. Retrieved from <http://www.parl.gc.ca/content/sen/committee/391/soci/rep/rep02may06-e.htm>
- Polatajko, H. J., & Mandich, A. (2004). *Enabling occupation in children: The Cognitive Orientation to daily Occupational Performance (CO-OP) approach*. Ottawa, ON: CAOT Publications ACE.
- Superbetter Labs, Inc. (2012). *Superbetter* [Smartphone application]. Available from <https://www.superbetter.com/>
- White, J. A., Dieleman Grass, C., Ballou Hamilton, T., Rogers, S. L. (2013). Occupational Therapy in Criminal Justice. In E. Cara, & A. MacRae (Eds.), *Psychosocial Occupational Therapy: An Evolving Practice* (3rd ed.). Clifton Park, NY: Delmar.

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Fostering professional growth through mentorship

Marie-Christine Beshay and Sue Baptiste

There are many words that are often used to describe 'mentorship,' such as coaching, networking or partnering. As a result, 'mentorship' is a concept that can be difficult to define. Despite the various terminologies that can be used as a reference or definition, 'mentorship' should be considered a process, a process of growth for both the mentee and mentor based on a more experienced individual providing guidance, knowledge and support to a colleague with less experience (Baptiste, 2001).

Dating to Homer's *The Odyssey*, a "mentor shared his knowledge, skills and experience to enhance the life of [a] young boy, and in return, listened and gained much from his charge's questions, insights and thoughtful conclusions" (Carruthers, 1993, as cited in Baptiste, 2001, p.11). Mentoring enables reflection and integration of learning into new experiences. Reflection occurs for both the mentor offering guidance and the mentee, who is the recipient of that wisdom and expertise. Reciprocal learning therefore occurs for both participants (Baptiste, 2001).

Based on this philosophy and understanding of mentorship, Sue Baptiste and Leah Dix developed a mentorship program as part of The Occupational Therapy Examination and Practice Preparation (OTepp) project to assist internationally educated occupational therapists (IEOTs) in their transition to Canadian occupational therapy practice. OTepp was developed in 2008 by the School of Rehabilitation Science, McMaster University with funding from the Government of Ontario. The program was offered nationally in partnership with the Canadian Association of Occupational Therapists (CAOT) in 2010 with funding from the Government of Canada's Foreign Credential Recognition Program. The purpose of the OTepp mentorship program was to provide IEOTs with opportunities for networking and liaising with Canadian occupational therapists, and to enable individualized guidance and direction to facilitate integration into Canadian occupational therapy practice.

The OTepp mentorship program was offered to four cohorts of mentees over a period of two years. Mentors and mentees completed reflective exercises independently prior to meeting with one another to enable increased understanding of their beliefs and values. Mentoring dyads were then formed based on personal preferences. Each pairing worked in partnership to facilitate individualized goal attainment for the mentee. The program was offered online though many pairs of mentors and mentees met with one another face to face. The majority of partnerships between mentees and mentors were



highly valued, with several pairings continuing to meet well beyond the program offering.

As part of sustainability planning, the mentorship program was transitioned from OTepp to become a CAOT learning services offering in the fall of 2012. One of the key guiding principles of transitioning the mentorship program to CAOT was to maintain the essence and emergent philosophy of the initial program while considering the needs of CAOT members who also desired increased networking and professional growth opportunities. The transition resulted in the creation of Momentum, the online mentorship program, which became available to all CAOT members, including IEOTs, new graduates and experienced occupational therapists in March 2013.

Nine mentees registered for the first offering of Momentum, each seeking different professional growth objectives. Prior to the start of the program, mentees were asked to reflect on the areas of growth they sought, which allowed for planning of mentors with similar experiences or expertise. Momentum followed the same structure of the OTepp mentorship program: online meetings occurred individually to prepare the mentee and mentor group for the mentoring process, followed by a session of facilitated introductions, which allowed mentors and mentees to share their strengths, skills and objectives. The pairing of a mentee with a mentor is a crucial phase within this process. Individuals are matched based on similar values and interests to facilitate development of a trusting relationship that will allow for professional and even personal growth.

Based on feedback thus far, mentees and mentors planted seeds for many future successes. 'Growth stories' emerged as opposed to 'success stories.' Growth stories represent

testaments of learning, knowledge translation and professional development, suggestive of growth that will continue to emerge in different phases of both the mentees' and mentors' lives and careers.

Feedback from mentees and mentors authenticates the value of the process, highlighting the benefits of their experience. Examples of 'growth' include the story of one mentee who was struggling to find employment for some time, and within weeks of the pairing reported, "I reached my main goal which was finding a job and as a matter of fact I was offered 2 jobs after talking with the mentor." Another mentee who was looking for support at the outset of his or her occupational therapy career noted, "the simple act of having my feelings validated is very supportive as a new grad."

Overall, the vast majority of mentees and mentors who participated in Momentum were fully engaged and met well beyond the minimum required number of meetings, thus demonstrating the establishment of trusting and potentially long-term supportive relationships. These meaningful experiences and 'growth' stories represent occupational therapists working together to enrich each other's approach

to the profession, and ultimately to grow the profession of occupational therapy. The power of professional growth through mentorship is founded on partnerships, collaboration and encouraging engagement of self and others in identifying needs and giving back to the profession (Baptiste, 2001).

"It [Momentum] is excellent for the growth and development of individuals and thus the profession" (a mentor participant).

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References

Baptiste, S. (2001). *Mentoring and supervision: Creating relationships for fostering professional development*. Ottawa, ON: CAOT Publications ACE

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2013 CAOT Conference Plenary Session

Innovative leadership in practice, policy and research: Driving the field of occupational therapy forward

Brenda Vrkljan and Isabelle Gélinas

Sometimes, and perhaps more often than some of us might like, occupational therapists find themselves in leadership positions. However, a leader does not always have to be the person behind the lectern or the one with the loudest speaking volume in a room. Rather, as Lidwell (2004) so aptly stated: “Thoughtful leadership is quiet. Thoughtless leadership is loud” (p. 14).

Occupational therapists have the knowledge, skills and abilities to lead initiatives and collaborate with others, including health-care professionals, researchers, policy-makers and, most importantly, clients and families. Through thoughtful, authentic leadership, we can ensure the approach taken to address an issue of concern is based on the best available evidence while also considering the context in which we are contributing our expertise.

The issue of older driver safety and our contribution to strategies that prevent injury and support lifelong mobility specific to medical risk and driving were used to contextualize this year’s conference plenary session (Vrkljan and Gélinas, 2013). The lessons learned in this field can be applied to other areas of practice and serve as a model of innovative leadership in practice, policy and research.

Setting the stage for the discussion

The format for this year’s plenary came from a town hall event co-hosted by the Canadian Medical Association (CMA) and *Maclean’s* magazine in Hamilton, Ontario, where panelists and audience members were encouraged to share their perceptions on “Health Care in Canada: What makes Canadians sick?” (MacQueen, 2013). Similar to the CMA event, the CAOT plenary session started with a brief introduction to the topic and then outlined key questions. Panelists and members of the audience had the opportunity to respond. This approach created an interactive atmosphere that added a level of depth to the discussion.

In keeping with the CAOT Conference theme, “The Future is Here: Leading Solutions,” the discussion opened with

an overview of leadership skills, including reference to the notion of ‘shared responsibility,’ a concept emphasized by the National Health Service (NHS) in the United Kingdom. The NHS has a Leadership Academy dedicated to developing these skills amongst clinicians (National Health Service Leadership Academy, 2013). There was also an emphasis on the fact that leadership can occur in different contexts (e.g., within one’s own practice, across organizations) and can take on many forms, both formal and informal. Interestingly, when the plenary audience was asked to raise their hands in response to the question, “Do you feel you have the skills to make change happen, whether it be addressing a policy in your workplace or responding to a media request in your area of expertise?” approximately two-thirds of attendees responded favourably.

As occupational therapists, we can learn from the approaches taken by thoughtful leaders amongst us and beyond our profession. The invited guest panelists for this year’s plenary were Dr. Malcolm Man-Son-Hing and Ms. Lisa Kristalovich. Malcolm is a geriatrician, and co-founder and principal investigator of the Canadian Driving Research Initiative for Vehicular Safety in the Elderly (Candrive) research network. Candrive is a Canadian Institutes of Health Research multidisciplinary team dedicated to improving the safety of older drivers. Lisa is a front line occupational therapist in the Driver Rehabilitation Program at Holy Family Hospital in Vancouver. Through a series of questions, each panelist was asked to reflect on their leadership experiences to date and share lessons learned as well as strategies they found effective or ineffective in making change happen in front line practice, or at the policy or research level.

Panelist questions and answers

1. As an individual clinician, do you think you can influence policy and/or raise public awareness that will result in a positive change for your clients, families, clinical practice, policy, etc.?

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Brenda Vrkljan, PhD, OT Reg. (Ont.) (vrkljan@mcmaster.ca), is an associate professor at McMaster University. **Isabelle Gélinas, PhD, OT(c), erg.** (isabelle.gelinas@mcgill.ca), is an associate professor at McGill University. Both are lead site investigators of projects focused on older drivers within the Candrive (<http://www.candrive.ca>) and AUTO21 research networks (<http://www.auto21.ca>).

Dr. Malcolm Man-Son-Hing opened the discussion with an affirmative response to this question, while cautioning that one should not do it alone. He used the example of the founding of Candrive (<http://www.candrive.ca>), where he and another physician, Dr. Shawn Marshall, found that they were facing the same challenges in clinical practice when determining medical fitness to drive and decided to team up to address this problem. In the early years of the Candrive network, they worked hard to forge relationships both within the medical community but more importantly beyond it by ensuring that provincial policy-makers as well as seniors groups from across Canada had a voice at the table from the very beginning. Malcolm emphasized that the time spent on solidifying these relationships was critical to later successes of the network, including \$5.3 million they received in funding for older driver projects.

Similarly, Lisa Kristalovich also encouraged those on the front line to reach out when facing a clinical dilemma. She provided an example where policy-makers had asked for her input about a policy concerning implementation of licensing restrictions. While Lisa consulted her colleagues, she also reached out beyond her usual contacts to ensure the recommendations were based on the best available evidence. In so doing, she ended up with advice from leading experts in ophthalmology (Dr. Cynthia Owsley) and optometry (Dr. Graham Strong). By reaching out to others within and beyond her field, Lisa was able to set a solid foundation for future collaborative opportunities across practice, policy and research that will ultimately result in the best approaches for clients.

2. Based on your experience, can you share 'tips' on how to effectively demonstrate leadership in practice, policy and research?

With humour, Lisa Kristalovich talked about the importance of reaching out and not being afraid of taking a risk by picking up the phone or writing an email to ask for help. Her experience had been positive, and in fact, Lisa encouraged others to do the same in their respective fields. Dr. Malcolm Man-Son-Hing spoke about staying connected with mentors and the importance of seeking advice when one is considering a certain opportunity. Getting feedback from trusted sources was key for him. While he agreed that creating new

partnerships was important, so too were the relationships that had previously been established. Both Malcolm and Lisa spoke about persistence and 'not giving up.' When some phone calls or emails went unanswered, Lisa talked about following up again and again. Malcolm shared how early on in the Candrive research network, he had to make sure that certain tasks were completed, even if they were not his domain per se, in order to demonstrate that this network was, indeed, credible. By taking action, both Malcolm and Lisa felt that this helped current and potential partners see that they were serious about the issue and willing to do what was necessary.

Take-home messages from the 2013 CAOT Plenary Session

As the plenary session drew to a close, members of the audience shared leadership 'tips' from their own professional experiences. There was much laughter and clapping as some people shared not only their successes but also some failures as well. Common to the stories of both panelists was the underlying notion of collaboration, and not being afraid to reach out to others for input even when an idea was not fully formulated or still under development.

A special thank you to our guest panelists for this year's conference plenary and to attendees who with their reflections and advice will help drive the profession of occupational therapy forward, and ultimately contribute to better, more effective care for our clients and families. All occupational therapists can contribute to the leadership process.

References

- Lidwell, W. (2004). *The thoughtful leader: Leadership wisdom for inspiration and reflection*. Dayton, OH: AMSI.
- MacQueen, K. (2013, March 3). Where you live may decide how soon you die: Groundbreaking study looks at life and death by neighbourhood. *Maclean's*. Retrieved from <http://www2.macleans.ca/2013/03/03/a-matter-of-postal-codes-2/>
- National Health Service Leadership Academy. (2013). *National Health Service Leadership Academy*. Retrieved from <http://www.leadershipacademy.nhs.uk/>
- Vrkljan, B., & Gélinas, I. (2013, June). *Innovative leadership in practice, policy and research: Driving the field of occupational therapy forward*. Plenary session presented at the Canadian Occupational Therapy Association Conference 2013, Victoria, BC.

Occupational therapy through a leadership lens: Reflections on the 2013 CAOT Conference

Susan Gmitroski

Conference delegates and presenters gathered for five days to share research, new programs, and creative solutions to enable occupation and explore our roles as traditional and emerging leaders. Listening to many presenters share their experiences as informal or formal leaders, several key themes emerged for me: 1) leading solutions requires a prevailing tendency to see opportunities instead of barriers, 2) the importance of building partnerships with those we work with, and 3) the benefits of embarking on a pathway of lifelong, transformational learning.

Occupational therapists are natural leaders. The profession of occupational therapy promotes creativity to enable occupation; leaders seek innovative solutions to enhance empowerment and engagement. The occupational therapy literature embraces a holistic perspective of our clients' occupational performance; leadership frameworks examine whole systems to optimize teams, programs, departments or organizations.

Reflecting on my experience as a co-convenor of the 2013 CAOT Conference: *The Future is Here: Leading Solutions*, I am struck by the diversity of the presentations and posters representing the many ways occupational therapists are taking leading roles in health-care teams. Here are some examples:

Occupational therapists and leadership for the 21st century

This pre-conference workshop presented by Professor Brigitte Harris of Royal Roads University explored "Leadership for the 21st Century." How must occupational therapists position themselves to take on important leadership roles? What skills must we learn? How will we acquire them? Brigitte reviewed Jim Collins' term, "A Level 5 Leader" (Collins, 2007), as an individual with a "paradoxical blend of personal humility and professional will" (p. 53), an individual with "a set of timeless core values...and a relentless drive for change and progress" (p. 53). More and more, leadership in health care is collaborative and creative.

Participants reflected on 'emotional intelligence' and the influence of emotion in our work lives and organizations. Finally, our discussions centered on complexity theory and a systems thinking approach. Health care is considered an extremely complex environment, calling for leaders to adopt a forward-thinking view, seek out inclusive and diverse

perspectives on all issues, and be prepared to monitor decisions and actions, continually examining their effectiveness and being responsive to ongoing adjustments.

Brigitte Harris encouraged our profession and all leaders to view leadership roles as opportunities for learning, creativity and innovation, and to commit to positive change. I see occupational therapy as embracing all of the above!

Occupational therapists working in primary care: A national survey

Catherine Donnelly, Lori Letts, Leanne Leclair, Pam Wener, and Carri Hand presented a national survey of occupational therapists working on primary care teams. How exciting is this ever expanding role of occupational therapy in leading solutions for improved health care! Participation on Family Health Teams in Ontario was identified as an increasingly popular role for occupational therapists, particularly for working with complex and vulnerable clients. Work continues with physicians and nursing staff, communicating the possible roles of occupational therapy to contribute to improve the functional outcomes of clients at home.

Innovation in a bariatric surgery program: Inspiration for holistic practice

Karen Barkley of Vancouver Coastal Health presented an innovative new role for occupational therapists on a bariatric surgery team. Karen and her colleague, Robyn Emde, have expanded on the traditional physical domains of equipment



Caroline Ehmann and Susan Gmitroski showing their best royal wave at the social event.

prescription to add a psychosocial perspective. Clients referred for bariatric surgery attend a series of weekly group sessions examining stressors, motivators and coping strategies to support new healthy eating habits. Looking past the need for specialized equipment in the home, Karen and Robyn brought their mental health lens to the team, offering knowledge and skill-training for clients, bridging the 'information to practice' leap. They reported most clients seen by the bariatric team know what to do to manage their weight; they lack knowledge on how to do it. This group met that need. This pilot project resulted in fewer client referrals for costly psychiatry consults with long waitlists, as well as embraced a holistic practice to improve client outcomes. No other similar program exists internationally. Well done!

Fostering professional growth through mentorship

In the spring of 2013, CAOT launched an online mentorship program, "Momentum," to assist occupational therapists through a reflective process to expand their professional development. Marie-Christine Beshay described a guided series of 'online meetings' that prepare mentors and mentees to work together, establish learning goals, and explore various avenues to enrich their practice. Current technology provides the opportunity to connect therapists on a national level from Newfoundland to British Columbia's West Coast, developing connections and partnerships never before available. Momentum has the potential to change the professional lives of occupational therapists working in rural or isolated settings, support recent graduates and provide experienced practitioners the chance to stretch their learning in specific areas. *For more information about this initiative, see page 16.*

Pain in high-risk infants in NICU: Implications for occupational therapists

Jill Zwicker and Liisa Holsti presented very recent evidence suggesting that both pain and pain medications are associated with altered brain development and future motor development of premature newborns. Medical imaging and standardized motor evaluations reveal differences in babies who have been exposed to many painful experiences in the management of their care while in the neonatal intensive care unit (NICU). The presenters reviewed their work with a cohort of newborns born at 28 weeks gestation or less, which showed that increased exposure to painful experiences correlated with actual decreases in white matter and sub-cortical grey matter, as observed on medical imaging tests. Occupational therapy interventions to promote optimal brain development were discussed and rated based on their effectiveness to reduce both the pain response or behavior, and the physiological response of the nervous system to painful stimuli. This information has significant new implications for the occupational therapy role on the NICU team.

References

Collins, J. (2007). Taking healthcare from good to great. *Healthcare Financial*, 61(8), 50-54.

Editor's note:

If you would like to learn more, all presentations discussed in this article, with the exception of the pre-conference workshop, are available at the CAOT Live Learning Centre: <http://caot.sclivelearningcenter.com/index.aspx?PID=7070>

About the authors

Susan Gmitroski is the Clinical Occupational Therapy Leader for the Child, Youth and Family Health Portfolio – Vancouver Island Health Authority. She has held a variety of roles within the pediatric practice setting for the last 28 years, and together with **Caroline Ehmann**, volunteered as a co-convenor for the 2013 CAOT Conference. Currently completing her MA in Leadership - Healthcare Specialty, Susan lives in Victoria with her husband and two daughters. She can be contacted at: susan.gmitroski@viha.ca



LILI LIU AND MASAKO MIYAZAKI

2013 COTF Lunch with a Scholar Occupational therapy scholarship and information communications technology

Lili Liu

Editor's note: *The Lunch with a Scholar is one of the annual fundraisers that the Canadian Occupational Therapy Foundation (COTF) hosts at the CAOT Conference. Each year, an accomplished scholar is invited by COTF's Board of Directors to speak about her or his work while attendees enjoy a meal. As the selected speaker at the 2013 COTF Lunch with a Scholar, Lili Liu discussed the role of occupational therapy scholarship and information and communications technology. The following is a summary of her address.*

Information and communications technology, or ICT, refers to the use of digital technologies to capture, process, store and exchange information electronically (Gagnon et al., 2009). ICT incorporates audio-visual, telephone and computer networks. It uses telecommunications (telephone or land lines and wireless signals). ICT also incorporates software (proprietary and open source).

ICT can facilitate research processes

Over the past two decades, we have seen the functions of several devices converge into one smart phone, including the laptop computer, camera (motion and still image), cell phone, voice recorder, pager, portable audio player, watch (and stop watch), and personal digital device. The convenience of these functions located in one personal device allows researchers to have ready access to tools for data collection, such as voice recordings in interviews and focus groups. Captured and stored digital data can be transmitted to transcription services electronically; the transcribed documents can then be encrypted, password-protected and sent to the researcher with short turnaround times (e.g., <http://transcriptdivas.ca/>). Researchers can use ICT to capture images of flip charts, or use a global positioning system (GPS) and push-and-talk apps to locate and communicate between research teams; ICT is also used for Skype, texting, chat, document sharing, social networking, posting updates, alerts, reminders and scheduling.

ICT is also ubiquitous in the lives of our clients and presents innovative ways for occupational therapists to assess and provide interventions. At the University of Alberta, we are engaged in research scholarship on ICT use in occupational therapy through seven themes:

1. Assessments and interventions: many traditional standardized tests are pencil-and-paper based, provide limited metrics and require therapists to multi-task.

Digital-based assessments allow client performance to be automatically and precisely recorded. Additional metrics can be collected, equivalent versions can be designed for intervention use, and a suite of age- and culture-appropriate tests, that are equivalent and standardized, can be created. An example of work on this is the tablet-based version of a test of unilateral inattention (Cheung et al., 2013).

2. Activity of daily living (ADL) monitoring and client support at home: Monitoring through sensors can help clients with chronic conditions live in their homes and communities by allowing care providers a way to monitor activities and mitigate risks. We are doing monitoring work in three areas: (a) using wireless sensors, virtual worlds and GPS-enabled technology to track clients unobtrusively (<http://www.youtube.com/watch?v=MWWDAZmO6Hg>), (b) designing and assessing new and existing user-friendly medication assistance (or adherence) technologies for home use, with capability for remote monitoring (Woo, 2012; Woo & Liu, 2013), and (c) client support in primary health using technologies that allow clients to share their personal health data with health professionals, such as blood glucose readings, data on meals, and blood pressure. Much of this work is being conducted in the Smart Condo™, a fully equipped, one-bedroom, universally designed home located at the University of Alberta. For a 360 degree tour of this space, visit: <http://www.360cities.net/image/smartcondo#183.10,6.70,66.3>.
3. Self-managed care in primary health: Clients manage their health at home by storing information in personal health records (PHR) that they can share with primary health providers. PHR are owned by clients, unlike electronic health records (EHR) that are owned by physicians and their teams. We are examining the usability of the TELUS Health Space as a portal for use by clients with diabetes in a primary health network.
4. Behaviour management and motivation: Through the OpenSimulator platform and natural (voice, touch, facial expressions, hand and body gestures) user interfaces, clients enjoy playing games in virtual worlds with friends



Lunch with a Scholar presenter, Lili Liu.

and family in different geographic locations. We are examining therapeutic applications of this technology that allow therapists to monitor behaviours and activities of clients who are motivated to engage in home-based activities through these types of games.

5. Workflow and home care teams: In 2012, we completed a province-wide study that examined the use of tablets and apps to address workflow issues among health care aides and their teams in home care. The technologies were readily adopted and participants believed the technology would address issues of recruitment, retention and recognition. The qualitative data provided an understanding of the meaning of the occupation of caregiving among unlicensed service providers and the potential benefits of introducing mobile technologies among all team members in home and community care (Liu, Stroulia, Nikolaidis, & King, 2012; Stroulia, Nikolaidis, King, & Lessard, 2012). The study also points to an emerging and urgent need for privacy research to inform policy on use of technologies in health care.
6. Instructional approaches in teaching and learning: We examined the use of laptops in fieldwork education and found that they are effective in the creation of virtual communities of practice among students and their preceptors in similar placements. We are now examining the applications of tablets for classroom learning activities among rehabilitation science students in Edmonton and Calgary.
7. User acceptance and technology adoption: User acceptance is a variable that we examine in all of our work and is captured in the concept of 'usability.' For example,

the Technology Acceptance Model (TAM) was used in the medication adherence technology study (Woo, 2012). We are using the Unified Theory of Acceptance and Use of Technology (UTAUT) to examine factors (performance expectancy, effort expectancy, social influence, behavioural intention and facilitating condition) that contribute to actual use of new technologies.

In closing, James Surowiecki, in his introduction for an issue of the *New Yorker Reader*, stated, "Invention is creating a new product or service. Innovation is transforming that product into something that's useful enough and accessible enough to change people's lives" (2013, p. 5). All of the research on ICT use in occupational therapy described in this article occurred in collaboration with other disciplines. I believe that interprofessional collaboration with occupational therapy leads to innovation.

Acknowledgements

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References

- Cheung, T., Guana, V., Labas, M., Lock, A., Liu, L., & Stroulia, E. (2013). *Computerized tablet-based cancellation assessment for spatial inattention*. Poster presented at the 2013 Canadian Association of Occupational Therapists Conference, Victoria, BC.
- Gagnon, M.-P., Légaré, F., Labrecque, M., Frémont, P., Pluye, P., Gagnon, J., . . . Gravel, K. (2009). Interventions for promoting information and communication technologies adoption in healthcare professionals. *Cochrane Database Systematic Review*, 2009(1). Art. No.: CD006093. doi: 10.1002/14651858.CD006093.pub2.
- Liu, L., Stroulia, E., Nikolaidis, I., & King, S. (2012). *Health Care Aides and Technology. Summary Report*. May 8, 2012, Unpublished Report, University of Alberta.
- Stroulia, E., Nikolaidis, I., Liu, L., King, S., & Lessard, L. (2012). Home care and technology: A case study. In: A.C. Smith, N.R. Armfield, & R.H. Eikelboom (Eds.), *Global Telehealth 2012. Delivering Quality Healthcare Anywhere Through Telehealth*, pp. 142-152, IOS Press, Washington, DC. doi:10.3233/978-161499-152-6-142
- Surowiecki, J. (2013, March 4). The next new thing. *The New Yorker Reader* [Special issue], p. 5-8.
- Woo, K.N. (2012). *Usability of Medication Adherence Technologies among Older Adults*. Unpublished master's thesis, University of Alberta, Edmonton, Alberta, Canada.
- Woo, K., & Liu, L. (2013). Medication adherence technologies and older adults. *Occupational Therapy Now*, 15(3), 20-21.

About the author

Lili Liu, PhD, OT(C), is Professor and Chair of the Department of Occupational Therapy, Faculty of Rehabilitation Medicine at the University of Alberta. Her research focuses on aging, chronic conditions and applications of technologies for self-managed care, assessment, intervention and workflow of health service providers. She and Dr. E. Stroulia are research co-leads of the Smart Condo™, which consists of an interprofessional team of researchers from health sciences, science, education and arts.

Speed mentoring with experienced occupational therapy researchers

Heidi Cramm and Terry Krupa

Junior researchers often have limited professional networks and opportunities to connect with experienced researchers outside their university and research area. Speed mentoring allows novice researchers to access high-profile researchers within a profession, cultivating the profession's capacity. Mentors have a wealth of knowledge from which mentees could benefit, and the sessions are rich and tailored, while requiring neither preparation nor follow-up on the part of the mentor. The speed mentoring sessions create an opportunity for mentees to get focused time with chosen mentors. This approach has been used successfully in organizations such as Knowledge Translation Canada and the Canadian Child Health Clinician Scientist Program. Within the space of one hour, each mentor can discuss questions and issues from up to four mentees during 15-minute blocks. Time is monitored by a facilitator so that mentees do not extend into others' time, and a bell rings to signal the session change.

At this year's CAOT Conference in Victoria, with the support of the Association of Canadian Occupational Therapy University Programs (ACOTUP) Research Committee, we piloted a speed mentoring event in which occupational therapists on a research career trajectory were matched with experienced occupational therapy researchers who volunteered to act as mentors. We were fortunate in the range and richness of experience the speed mentors represented. Nine experienced researchers representing seven Canadian university programs volunteered: Drs. Claire-Jehanne Dubouloz and Mary Egan (University of Ottawa), Dr. Johanne Desrosiers (Université de Sherbrooke), Dr. Judith Friedland (University of Toronto), Dr. Juliette ('Archie') Cooper (University of Manitoba), Dr. Marcia Finlayson (Queen's University), Dr. Mary Law (McMaster University), and Dr. Susan Forwell (University of British Columbia). Dr. Law was unable to reach the event due to a flight delay, and Dr. Debbie Rudman (Western University) graciously stepped in to fill her slot. Mentors had provided a brief research profile in advance of the session, as well as topics mentees might ask them about. Information about the event, along with the speed mentor profiles, was then sent out to all the occupational

therapy programme chairs for distribution to doctoral and post-doctoral candidates, and junior faculty.

Twelve mentees registered for this pilot event, representing association with McGill University, University of Ottawa, Queen's University, University of British Columbia, and Université du Québec à Trois-Rivières. There was a range of research career phases, including students in entry-to-practice programs with an interest in research careers, doctoral candidates, post-doctoral fellows, and continuing or junior tenure-track faculty. Mentees had ranked the potential mentors on their selection sheets, and everyone had a session with one of their top two choices.

The session was received very positively, both by mentors and mentees. One mentee commented that, while she might have had the opportunity to chat socially with the mentors at break, she would not have felt comfortable asking the kinds of questions she had the opportunity to ask within the structure of the mentor session. Observing the sessions, the level of engagement was remarkable, and there was much discussion about how to build on this year's success for future conferences—stay tuned!



Tricia Morrison from the University of Ottawa (right) and Dr. Johanne Desrosiers from the Université de Sherbrooke (left) participate in speed mentoring.

About the authors

Heidi Cramm is an assistant professor at Queen's University and coordinated this initiative. **Terry Krupa** is a professor at Queen's University and the current chair of the Association of Canadian Occupational Therapy University Programs Research Committee.

Muriel Driver Memorial Lecture and Awards Ceremony 2013

Muriel Driver Lecture

The 2012 Muriel Driver Memorial Lectureship Award winner, Dr. Marcia Finlayson, delivered this year's lecture. Her lecture centered on the occupational therapy role of change agent. She reviewed literature from occupational therapy and other disciplines about what a change agent is, and what knowledge, skills and personal qualities are necessary to be effective in this role. Literature outside of occupational therapy uncovered four major themes about this role: (1) change agents are insightful, reflective and disciplined, (2) change agents are visionary leaders and mobilizers, (3) change agents are knowledge integrators and translators, and (4) change agents are diplomatic interventionists who produce meaningful outcomes. These themes point to several areas of silence in the occupational therapy literature that must be overcome to move forward and embrace this role in our professional profile.

CAOT Awards

CAOT Certificate of Appreciation

Certificates of Appreciation recognize those who have provided volunteer service to the Association.

Cary A. Brown	Mary Egan
Andrew Freeman	Lori Letts
Martine Brousseau	Barry Trentham
Claire-Jehanne Dubouloz	Mary Ann McColl
Tom Grant	Gayle Restall
Marjorie Hackett	Annette Rivard
Rosemary Lester	Brenda Robinson
Alida Love	Annie Rochette
Sue Baptiste	Jacinthe Savard
Crystal L. Dieleman Grass	Aliki Thomas
Angie Mandich	Heather Thompson
Elizabeth Taylor	Catherine Vallée
Anita Unruh	

CAOT Student Awards

Each year, CAOT provides a Student Award to a graduating student at each Canadian university who demonstrates consistent and exemplary knowledge of occupational therapy theory throughout the entire occupational therapy program.

Ashley MacMullin, Dalhousie University
Catherine Gendreau, University of Ottawa
Lara Ewanchuk, University of Manitoba
Rebecca Hills, Western University
Cody Wenz, Queen's University
Jennifer Siemon, McMaster University
Stephanie Gerhardt, University of Toronto

Rachal Pattison, University of Alberta
Laurence Leblanc-Massicotte, Université Laval
Gentiane Cornellier, Université de Sherbrooke
Amélie Dumont, Université de Montréal
Pamela Scher, McGill University
Krista Blackshaw Douglas, University of British Columbia

Citation Award

Citation Awards are given by CAOT in conjunction with provincial/territorial occupational therapy associations to acknowledge the contribution to the health and well-being of Canadians of an agency, program and/or individual within each province/territory who is not an occupational therapist.

The Canadian Red Cross of British Columbia
Canadian Association of Occupational Therapists-British Columbia

Robert Leinweber
Society of Alberta Occupational Therapists

Calgary Association of Self Help
Society of Alberta Occupational Therapists

Dr. Anne Durcan
Manitoba Society of Occupational Therapists

Sue Boreskie
Manitoba Society of Occupational Therapists

Dr. Mark Nowaczynski
Ontario Society of Occupational Therapists

Sobeys Team, Campbellton, NB
New Brunswick Association of Occupational Therapists

Darell Mullin, Medichair Moncton
New Brunswick Association of Occupational Therapists

Paul Hughes
Prince Edward Island Occupational Therapy Society

Award of Merit

The CAOT Award of Merit is given to acknowledge significant contributions to the profession of occupational therapy by occupational therapists and non-occupational therapists.

Jane Davis
Brian Gomes
Deborah Rudman
World Federation of Occupational Therapists

Lieutenant-Colonel Markus Besemann
Noémi Cantin

CAOT President's Medal - Sue Baptiste

Golden Quill Award

The Golden Quill Award honours an individual author or group of authors that has published an exceptional article in the *Canadian Journal of Occupational Therapy*.

Daniel J. Sutton, Clare S. Hocking and Liz A. Smythe

Award for Leadership in Occupational Therapy

The Award for Leadership in Occupational Therapy has been established to honour the exceptional contributions of an individual occupational therapist who has been in the forefront of activities which provide strategic leadership and direction for developing the profession.

Shrikant J. Chinchalkar

CAOT-BC Outstanding Occupational Therapist of the Year Award

The Canadian Association of Occupational Therapists – British Columbia recognizes a member living in British Columbia who has made an outstanding contribution to the profession throughout his or her career.

Sarabjeet Charchun

Muriel Driver Memorial Lectureship Award 2013

The Muriel Driver Memorial Lectureship Award honours a CAOT member who has made an outstanding contribution to the profession through research, education and the practice of occupational therapy.

Claire-Jehanne Dubouloz

COTF Awards

2012 Scholarship Competition

Doctoral Scholarship
Pam Wener

Master's Scholarship
Jennifer Lochbihler

Invacare Masters Scholarship
Lisa Hoffman

Thelma Cardwell Scholarship
Natalie MacLeod-Schroeder

Goldwin Howland Scholarship
Adeena Wisenthal

Saint Elizabeth Community Occupational Therapy Scholarship
Cecilia Llambias

Occupational Therapy Education Bursary (sponsored by Denise Poirier)
Jennifer Stroud

2013 Research Grant Competition

COTF Research Grant
Heidi Lauckner

Critical Literature Review Grant
Rose Martini

2013 COTF Future Scholar Award

University of British Columbia
Alison Gage, Rebecca Simms

University of Alberta
Melissa Smyth

McGill University
Pascal Boutin, Kathleen Tracey Gallant, Kristina Hoyeck, Hemaxi Heema Patel, Kerri Surtees

Université de Sherbrooke
Katéri Raymond

Université du Québec à Trois-Rivières
Joannie Hamel-Richard

Dalhousie University
McMaster University
University of Manitoba
University of Toronto
Université d'Ottawa
TBA

Provincial Fund Award Recipients

Saskatchewan
Jason Greville

Ontario
Emily S. Ho, Hospital for Sick Children
Sandra Moll, McMaster University
Brenda H. Vrkljan, McMaster University
Catherine Donnelly, Queen's University

Nova Scotia
Richard Pingert, Denise Johnston, Neil Morse

New Brunswick
Nicola MacNaughton

2013 Karen Goldenberg Award

Huguette Picard

Notes from the CAOT President's closing speech at Conference 2013: This is OT time

Paulette Guitard, CAOT President

As you may all know, I am very passionate about occupational therapy. Reflecting over the course of my life, I've realized that I have been lucky to be part of this profession. Early on when I was just starting out of school, I was building my career, developing my skills and I chose to become an active and involved member of our profession by joining CAOT.

I began slowly, taking into account the time that I needed to dedicate to my family and my career. I would get involved where I could and take roles that fit my time and my needs. But from the beginning I was engaged, advocating for my clients as well as for my profession, working with groups and communities of occupational therapists, and later by educating occupational therapy students. Over the years I began contemplating the thought of one day having the honour and privilege to serve as CAOT President, but it was a long journey from there to here and I will spare you the details as this is not the important message today.

As I've been reflecting, a single word keeps coming to mind, a word that is most important for our profession in the current context; it's the word that all occupational therapy students should learn the first day of school and act upon on the first day of work. A word that we should all aspire to fulfill in our own personal way. A word that we should all embrace openly:

Leadership!

What is it about that word, leadership? Why is it so important to embrace it? We as occupational therapists have, in fact, always led. With clients, we show leadership to help them define and participate in meaningful occupations. By the very nature of our profession, we aim to enable people, but do we stop and consider enabling ourselves?

"The Future is here: Leading solutions" was our theme this year. Let's hold this theme as a truth for our profession's direction. The Future is here; we are leading the solutions.

Occupational therapists have always been at the forefront, always been leaders, defined by and defining important historical and social changes in Canadian society. Let's embrace our leadership roles by looking back at what we have been part of in Canada.

Evolution of occupational therapy and health care

We find ourselves tied to defining moments in history. At the end of the Great War, Canadian soldiers were coming back from the front and needed help to re-enter society and resume

meaningful occupations. The end of the Second World War brought the same problems. Canadians and the Canadian government began to realize the importance of social programs and build on the sacrifice of an entire generation. The profession was not different, experiencing "a gradual shift to the professional era," as stated by Muriel Driver in 1968 (p. 53).

Canada was shifting; as the 1970s turned into the 1980s, the global economy was weakening, a recession was looming and occupational therapists evolved. The Association developed guidelines for practices and revised standards for education. Graduate programs, developed in the 80s, provided a foundation for Canadian occupational therapy research development.

As society began to question itself and reflect on its past, so did occupational therapy by returning to the profession's historical emphasis on a holistic, mind-body-spirit perspective guided by the central organizing concepts of occupation and client-centred practice.

The 2000s saw occupational therapy change and evolve. CAOT expanded its leadership role in Canada and across the world. Our resources are used all over the world, our standards implemented and our innovative professional programs helping occupational therapy students and occupational therapists find new ways to deliver our client-centered practices.

I'm reminded of the last paragraph of "Prospering through change: CAOT From 1991 to 2001":

Throughout our history occupational therapists have been pioneers, carving out new territories and then revisiting their roles to ensure that our core philosophies of occupation and occupational performance were not lost. CAOT grew along with a profession that could anticipate change and prepare for it; build foundations to support itself in uncertain times and reflect deeply upon future directions. The future awaits us. (Clark Green, Lertvilai, & Bribiesco, 2001, para. 39)

As the theme of this conference reminds us: "The future is here: Leading solutions". We know what the future holds for occupational therapy. We know that like the occupational therapist before us, we must be pioneers; we must carve out our place within the new health-care system. We must continue to be leaders and overcome the challenges awaiting us around the corner.



CAOT President, Paulette Guitard, poses with Brazilian Occupational Therapy Association President, Naum Mesquita.

Occupational therapy as the solution

When thinking about the issues facing our health-care system, there is a central theme at play. We find ourselves confronted with the vast array of health and structural health-care related issues.

The health needs of the population of Canada require services of professionals that can address the full continuum of care, from early development all the way to end of life. They need to have a holistic understanding of all aspects of health. From prevention to primary care, hospitalization, rehabilitation, and end-of-life care, that is the focus of occupational therapy. Occupational therapists pride themselves on holistic approaches that address the many determinants of health, including the social and physical environment, personal health practices, and social support networks.

I could describe all the different leadership roles that WE occupational therapists are undertaking in the various areas of practice, but I think that you know them already. Our profession is so dynamic and researchers and clinicians are always moving forward and becoming leaders in larger and larger issues that impact the health of Canadians. It's really important to understand that with the ever-growing role of occupational therapy, we are leaders in addressing health issues and promoting health and health services to clients, colleagues, families and our communities. We always have been leaders, as we were among the first to think of health in a holistic manner, and we MUST and WILL continue to be.

Leadership: Concept of 'small I' leadership and 'big L' Leadership

When thinking about leadership, we often think to ourselves that we do not have the time; we don't know where to start or find methods to embody this leadership. Throughout our career we are constantly taking leadership roles. When I first started out, I did not have hopes to become President of CAOT. But I have had the privilege of being taught by and working with past presidents. I admired their dedication, their willingness to take on the 'big L' Leadership. They have

led me to think about doing my part to promote MY and OUR profession. If I was not happy with a situation, well I had the power to do something about it. The journey towards me standing here today has been long and I've been lucky enough to have opportunities to embrace 'small I' leadership roles, each helping me, building my skills towards the 'Big L' leadership roles.

When I talk about 'small I' leadership, I am referring to the leadership of everyday. As occupational therapists, WE are always finding ourselves to be leaders. 'Small I' leadership is in our everyday roles. We talk to our clients, talk to our colleagues, our communities, constantly helping people and advocating for occupational therapy and its benefits. We don't always have the time to take on more. Life is busy, we are always on the move, but when embracing this 'small I' leadership, we know we are advancing our profession, providing more visibility. We must lead within our own limits. I've learned over the years that 'small I' leaders can become 'big L' leaders quickly. They learn from these experiences and build their abilities and leadership qualities.

'Big L' leadership isn't necessarily only associated with CAOT and the national role it has undertaken. 'Big L' leadership is helping lead our profession, either in clinical practice, research or even advocating to all levels of government and within communities. It is in leading meetings, training or organizing occupational therapy events where people can share their thoughts and best practices. Together we can move the profession forward and have people understand the role and value of occupational therapy so occupational therapy can become a household word.

The health-care system is changing and WE are going to be the leaders to implement that change. WE must speak up, advocate, lobby and get the credit that WE deserve. When decision-makers and policy-makers are looking at the future of health care, WE must ensure that an occupational therapists are standing alongside that vision as enablers of change.

CAOT cannot do it alone. WE cannot do it alone. Each and every one of us occupational therapists must be an advocate, must be a champion for the profession, looking constantly at new research, developing new strategies to better serve our clients. But first and foremost WE must enable our profession by embracing both the 'Big L' and 'small I' leadership roles. We must acknowledge that we are the future of health care and now is the time to act.

THIS IS 'OT TIME'!

All occupational therapists must diligently work to increase the visibility of the profession, and to support innovative research that is not only beneficial to the clients and the communities, but also to the budgets of our respective organizations.

We must constantly strive to improve upon ourselves and our clients. We MUST keep up to date on research, keep informed, share with each other and build success together. We are in a constant state of innovation, development and growth. Occupational therapy is the health-care profession that will lead the health-care system into the future. We must all be ready to work towards that future.

“The Future is here: Leading solutions,” the theme of this conference is quite appropriate for this period in time. We are facing the largest demographic shift in history, coupled with the reduction of health-care spending and the shift to community-based models of service. WE, occupational therapists, must take the lead and develop the necessary tools and capacities to address this change in Canadian society. WE must stand up and direct this change from our position of knowledge and expertise.

WE must look at the state of our society and lead it into the right direction. I call on all occupational therapists to understand this change and work towards ensuring that we have a unified voice and goal to increase the leadership roles of our profession. Remember that joining your professional associations is, in fact, assuming ‘small l’ leadership that will help ‘big L’ leadership. We may not always find our career going towards the traditional titles and places, but the beauty of our profession is that we are leading solutions. We find ourselves engaged in various domains, working to put our knowledge and experience to the test, and advocating for our clients and our communities. WE must recognize that we go down these paths because of our background as occupational therapists. Let’s use these opportunities to assume more leadership for our profession.

What do you want the future of occupational therapy to be? What is your vision? What is your goal? What are your skills? How can these best serve the profession?

Personally, I want a bright future, a strong, respected and valued profession. I want us, occupational therapists, to work together to be the future and together be leading solutions. SO join us - show the world that this is ‘OT time’ and that occupational therapy is the solution. Let us be B.O.L.D. (Big picture; cease Opportunities; Lead; be Decisive), let us be ambitious and let us show our CAN-do attitude.

Acknowledgements

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References

- Clark Green, M., Lertvilai, M., & Bribiesco, K. (2001). Prospering through change: CAOT from 1991 to 2001. *Occupational Therapy Now*. Retrieved from <http://www.caot.ca/otnow/nov01-eng/nov01-history.cfm>
- Driver, M. F. (1968). A philosophic view of the history of occupational therapy in Canada. *Canadian Journal of Occupational Therapy*, 35, 52-60.

CAOT Conference 2014

Reflection on occupation: Enabling healthy communities

Tara Forster and Lori Massie, co-conveners for the 2014 CAOT Conference

You are invited to join us in Fredericton, New Brunswick, for the Canadian Association of Occupational Therapists Conference, 'Reflection on occupation: Enabling healthy communities,' from May 7-10, 2014! The conference will offer simultaneous translation and be held at the newly constructed Fredericton Convention Center, located on Queen Street in downtown Fredericton.

Fredericton is the capital city of New Brunswick, Canada's only official bilingual province. Fredericton boasts natural beauty; rich arts, culture and heritage; and a friendly and welcoming atmosphere. Come and see why Fredericton was voted one of the top ten cities to live in North America in 2010, 2011 and 2012!

History and culture

New Brunswick is known for its rich Acadian Culture. Did you know that Fredericton was first settled by the Acadians in the late 17th century? During your stay you will get to experience the vibrant music and 'joie de vivre' that the Acadians take such pride in.

Continue your journey through history with a visit to the Kings Landing Historic site, only a short drive from the city, where you will experience life as it was in the 1800s. Be transported to the 19th century and explore New Brunswick's Living Outdoor History museum. Stop by the King's Head Inn and stay for lunch to enjoy an authentic meal delivered by costumed servers. Don't forget to treat yourself to homemade gingerbread and whipped cream, a King's Head Inn specialty.

Art and music play a significant role in Fredericton's culture, with numerous art galleries and studios located in the downtown area. The Fredericton Playhouse, a local performing arts venue, hosts weekly performances for a variety of tastes. Fredericton has a prominent indie rock scene and boasts the talents of internationally renowned musicians David Myles and

Maesha Brueggergosman. Grab a growler of local Picaroons beer when you stop in to any one of our downtown pubs where you'll be sure to catch some live local talent.

Active living

Continue your journey and explore even more of Fredericton with a run or walk along the 85 km network of trails, many of which follow old railway lines. These include the Bill Thorpe Walking Bridge that crosses over the Saint John River and connects both sides of the city. For a full view of our beautiful rivers and city, hop on a bicycle and explore the entire network of trails, many of which are paved to improve accessibility. Pack your sweats and sneakers to take part in the daily fitness opportunities offered during the conference to keep your mind and body healthy.

Downtown

Take a stroll along Queen Street, voted 'Canada's Great Street,' where your mouth will water for delicious eats with over 30 restaurants, cafés and pubs right in the downtown area. Before lunch, take a stroll to Officer's Square to watch the changing of the guard. Here, guards dress in traditional regimental uniform and re-enact a drill ceremony accompanied by a piper and drummer. The Boyce Farmers Market is one of the best farmers markets in Canada and is open every Saturday morning from 6 a.m. to 1 p.m. right in the heart of the downtown. Go early to get breakfast, or sleep in and delight your taste buds to a delicious lobster roll, savory samosa or a scrumptious sweet treat. Fredericton retailers and nearby Kings Place Mall will surely satisfy your need for retail therapy.

Discover Fredericton's vibrant culture, rich history, breathtaking beauty and welcoming Maritime hospitality. We can't wait to see you at the 2014 CAOT Conference!



2013 Conference update from the Canadian Occupational Therapy Foundation

The 2013 Conference was a huge success for COTF! First of all, thank you to all donors and supporters, to COTF's Industry Committee for having pottery bowls made (BCS Communications, Centrics, Future Mobility, Invacare, Sunrise Medical), the COTF session sponsors (ROHO, Advanced Health Care, Slack Inc., and Wolters Kluwer) and to CAOT for allowing COTF to have such a significant presence at the Conference.

Below are highlights of the fundraising and other events that occurred at Conference.

Fundraising **Silent auction**

For the first time, COTF had more than 100 items on the tables. In fact, due to the large number of items, COTF had to request more tables! Thank you to Board Members, Marjorie Hackett, Huguette Picard and Jacqueline Rousseau, for assisting Anne McDonald, COTF's Executive Assistant, with the tables. COTF raised approximately \$4,500 – the greatest amount to date!

Live auction

COTF was incredibly fortunate to have a local occupational therapist from Victoria, Mark Blanchford, as the live auctioneer at the social event. Mark was dressed as a knight to stay with the theme of the royal evening. In costume, he encouraged the guests to spend their money on unique items, knowing that all proceeds were going to a good cause. COTF had 22 items to auction at the event, and thanks to the wonderful voice of Mark, his enthusiasm, engagement of the crowd and laughs, COTF raised \$6,000! Thank you to the exhibitors who donated some fabulous items to the live auction, such as iPad minis. The involvement of exhibitors over the past few years has made the event that much more exciting and fun.

Bowls

COTF had approximately 100 pottery bowls at the silent auction tables on Thursday morning. Within two hours, they were all sold! This new initiative raised approximately \$2,300!

Scarves

To mark COTF's 30th anniversary, COTF Board Member, Marjorie Hackett, had beautiful green ribbon with "COTF / FCE 1983-2013" added to cream coloured silk scarves. The scarves raised \$400.

Lunch with a Scholar

COTF was in for a real treat with Lili Liu as this year's scholar. Lili's topic, Occupational Therapy Scholarship and Information Communications Technology, was timely, relevant, interesting and she was able to engage the audience with her wonderful, gentle humour. This event raised about \$2,000 for COTF.

The fundraising events at the 2013 conference raised approximately \$16,000, which is equivalent to three research grants or five doctoral scholarships or ten masters scholarships.

COTF session

This year, the COTF Session on case study research was facilitated by Gayle Restall. There was standing room only! The interactive session was a great forum for rich exchange of ideas as COTF works towards creating a clinical research grant in the new year.

Awards ceremony

COTF award recipients were called to the stage by COTF President, Archie Cooper, for a group photo. COTF Past President, Huguette Picard, was awarded the Karen Goldenberg Award, COTF's highest honour.

COTF Annual General Meeting

Thank you to the COTF members who attended the AGM. COTF had the opportunity to complete required business, such as pass the new bylaws and certificate of continuance, approve the minutes from last year, appoint the auditor for this fiscal year and also to engage the members in discussion about current COTF initiatives. The short meeting, chaired by COTF President, Archie Cooper, was very fruitful.

Business meetings

COTF also had the opportunity to participate in the Occupational Therapy Professional Alliance of Canada (PAC) meeting; the pre-conference workshop, Occupational Therapists and Leadership for the 21st Century; the Occupational Therapy Canada Forum (COTF is a member), and meetings with the Association of Canadian Occupational Therapy University Programs and CAOT. COTF greatly appreciated the opportunity to be present at these meetings.